# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2008**
**Secretary of State**

DOCUMENT# 729418

**Entity Name:** FLORIDA INDIAN HOBBYIST ASSOCIATION, INC.

**Current Principal Place of Business:**

571 7TH LN SW
VERO BEACH, FL 32962

**New Principal Place of Business:**

**Current Mailing Address:**

571 7TH LN SW
VERO BEACH, FL 32962 US

**New Mailing Address:**

**FEI Number: 26-1153165** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

IRVIN, JACK
699 SW LAKEHURST DR
PORT ST LUCIE, FL 34983 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | VP | ( ) Delete |
| Name: | SPENCER, RON | |
| Address: | 3696 ELEVEN MILE RD | |
| City-St-Zip: | FORT PIERCE, FL 34945 | |
| Title: | C | ( ) Delete |
| Name: | WITMER, JIM | |
| Address: | 814 S FED HWY | |
| City-St-Zip: | LAKE WORTH, FL 33460 | |
| Title: | P | ( ) Delete |
| Name: | IRVIN, JACK | |
| Address: | 699 SW LAKEHURST DR | |
| City-St-Zip: | PORT ST LUCIE, FL 34983 | |
| Title: | ST | ( ) Delete |
| Name: | PICKETT, JAMIE M | |
| Address: | 571 7TH LANE SW | |
| City-St-Zip: | VERO BEACH, FL 32962 | |
| Title: | VP | ( ) Delete |
| Name: | PICKETT, ROBBY D JR | |
| Address: | 571 7TH LANE SW | |
| City-St-Zip: | VERO BEACH, FL 32962 US | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | VP | (X) Change ( ) Addition |
| Name: | PERRY, AUTUMN | |
| Address: | 41 BROOK CIR | |
| City-St-Zip: | LEESBURG, FL 34748 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | VP | (X) Change ( ) Addition |
| Name: | POTTERFF, TINA | |
| Address: | 172 SE VILLAGE DR | |
| City-St-Zip: | PSL, FL 34952 | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIE PICKETT ST 04/29/2008

Electronic Signature of Signing Officer or Director — Date